



PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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1733.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number Filing Date First Named Inventor Art Unit Examiner Name	09/810,794
	March 15, 2001
	Paul W. Romig
	1733
	Goff II, John L.
Total Number of Pages in This Submission 14	Attorney Docket Number 42445.00079

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment and Recordation Cover Sheet (for an Application)	
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<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	
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<input type="checkbox"/> With RCE	<input type="checkbox"/> RCE	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Declaration/Oath		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vidya R. Bhakar, Reg. No. 42,323 Squire, Sanders & Dempsey, L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
Signature	
Date	September 22, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Eileen M. Janikowski
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Date	September 22, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0)

Complete if Known	
Application Number	09/810,794
Filing Date	March 15, 2001
First Named Inventor	Paul W. Romig, et al.
Examiner Name	Goff II, John L.
Art Unit	1733
Attorney Docket No.	42445.00079

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
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Deposit Account Number

05-0150

Deposit Account Name

Squire, Sanders & Dempsey, L.L.P.

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
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- Credit any overpayments
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- Charge any additional fee(s) during the pendency of this application
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- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	2001	750	375
1002	2002	330	165
1003	2003	520	260
1004	2004	750	375
1005	2005	160	80

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	-30 **	=	Extra Claims	Fee from below	Fee Paid
27	-30 **	=	0	X 0	= 0
4	-4 **	=	0	X 0	= 0

Independent Claims

Multiple Dependent

Large Entity

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1202	2202	18	9
1201	2201	84	42
1203	2203	280	140
1204	2204	84	42
1205	2205	18	9

SUBTOTAL (2)

(\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	410	205
1253	2253	930	465
1254	2254	1,450	725
1255	2255	1,970	985
1401	2401	320	160
1402	2402	320	160
1403	2403	280	140
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,300	650
1501	2501	1,300	650
1502	2502	470	235
1503	2503	630	315
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	750	375
1810	2810	750	375
1801	2801	750	375
1802	1802	900	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Vidya R. Bhakar	Registration No. Attorney/Agent)	42,323
Signature		Telephone	650.856.6500
Date	September 22, 2003		

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